

Indian Nation Medicaid Eligibility Rate (MER) Worksheet and Certification Form

Indian Nation :

Contract # :

Quarter :

MER :

Provide Medicaid Eligibility Formula:

The total unduplicated number of Medicaid-enrolled individuals provided with services, divided by the total unduplicated number of individuals provided with services.

Insert numbers applied in the formula to determine the MER rate for the quarter:

Nominator (above the line) _____ Denominator (below the line) _____

Supporting documentation of the MER must be kept on file for review/audit purposes as needed, including databases utilized.

I certify that the information provided above is true, and that documentation is available for review upon request.

Signature: _____; Date: _____

